

# **Crisis Communication Plan**

## **Public Health Preparedness and Response to Bioterrorism Grant**

### **Focus Area F: Risk Communication and Health Information Dissemination (Public Information and Communication)**

*Updated December 10, 2004*



**Indiana State  
Department of Health**

## ***Table of Contents***

<b>Letter of endorsement from the State Health Commissioner</b>	<b>3</b>
<b>Plan overview</b>	<b>4</b>
<b>Principles of risk communication in a crisis</b>	<b>5</b>
<b>Line and staff responsibilities for Office of Public Affairs</b>	<b>8</b>
<b>Internal information verification and approval procedures</b>	<b>11</b>
<b>Designated spokespersons</b>	<b>12</b>
<b>Identified vehicles of crisis information dissemination</b>	<b>13</b>
<b>Strategic National Stockpile Program</b>	<b>15</b>
<b>Local health department communication plan</b>	<b>17</b>
<b>Appendix</b>	<b>22</b>



# Indiana State Department of Health

## MEMORANDUM

**DATE:** December 10, 2004

**TO:** Whom It May Concern

**FROM:** Gregory A. Wilson, M.D. *GAW*  
State Health Commissioner

**RE:** Crisis Communication Plan

I hereby endorse this updated Crisis Communication Plan for the delivery of risk communication and public health information to the public in the event of a bioterrorism, nuclear, or chemical event or other public health emergency.

I recognize that this is an evolving plan, as more information about crisis and emergency risk communication becomes available and as our response plans for Indiana are completed.

## ***Plan Overview***

### ***Purpose:***

During a bioterrorism event, the Indiana State Department of Health (ISDH) Office of Public Affairs (OPA) will coordinate and deliver risk communication and public health information to the public through every available channel, including

- the media (through a Joint Information Center [JIC], if activated),
- the ISDH Web site,
- the ISDH phone bank,
- community meetings,
- distributed flyers, and
- through partners/stakeholders.

These operations will be accomplished in close coordination with the Governor's Press Office, the State Emergency Management Agency (SEMA) public information officer (PIO), other appropriate State agency public information officers, and local health (department) officers or administrators, in accordance with federal, state, and local emergency plans.

### ***Overall Objectives:***

To gain public confidence by providing information that is:

- timely,
- empathetic,
- caring,
- accurate,
- credible, and
- pertinent;

To keep the public calm, by:

- acknowledging uncertainty;
- recognizing people's fears;
- taking care not to over-reassure;
- explaining the process in place to find answers;
- expressing wishes ("I wish I had answers....");
- giving people specific things to do; and
- asking more of people (to share the risk).

To direct public action as determined by the State Health Commissioner;

To meet the needs of the news media;

To meet the needs of partners/stakeholders; and

To coordinate with other federal, state, and local agencies involved in responding and providing information to the public.

## ***Principles of Risk Communication in a Crisis***

### **Be first. Be right. Be credible.**

In a crisis, people make decisions differently. They simplify, and cling to current beliefs. They remember what they see or have previously experienced, which means that first messages carry more weight. So in a crisis, we initially communicate:

- Simply
- Timely
- Accurately
- Repeatedly
- Credibly
- Consistently

We can build trust and credibility by expressing:

- Empathy and caring
- Competence and expertise
- Honesty and openness
- Commitment and dedication

**Be careful with risk comparisons.** Peter Sandman, Ph.D. says the true risk and the perceived risk can be quite different. The source of the risk can be as troubling as the degree of risk. Be careful not to compare a high outrage, low hazard risk to a low outrage, high hazard risk. Bioterrorism is, for most people, high outrage and low hazard. It can't be compared with a low outrage, high hazard risk like driving a car.

Here is a risk comparison that could work: "Research indicated that, in Hawaii, a person is 10 times more likely to be killed by brain damage from a falling coconut than to be killed by a shark." In this case, the risks are both natural in origin, fairly distributed, exotic, and outside the control of the individual.

**Don't over-reassure.** According to Sandman, a high estimate of harm modified downward is much more acceptable to the public than a low estimate of harm modified upward. Tell people how scary the situation is; even though the actual numbers are small, and watch them get calmer.

**Put the good news in subordinate clauses.** Sandman says one very good approach is to put the good news in subordinate clauses, with the more alarmist side of the ambivalence in the main clause. Example: "It's too soon to say we're out of the woods yet, even though we haven't seen a new anthrax case in X days."

**Acknowledge uncertainty.** Acknowledging uncertainty, Sandman says, is most effective when the communicator both shows his or her distress and acknowledges the audience's distress: "How I wish I could give you a definite answer on that."

**Stop trying to allay panic.** According to Sandman, bad news doesn't cause panic. Panic comes from conflicting messages from those in authority.

**Recognize the difference in your audiences.** The person who's removed from the real danger but is anticipating the high risk is much more likely to respond inappropriately than the person in the heat of the battle who is primed to act on the information and doesn't have time to mull it over, Sandman says. The vicarious rehearsal can be overwhelming in an emergency

**Acknowledge people's fears.** Sandman says that when people are afraid, the worst thing to do is pretend they're not. The second worst is to tell them they shouldn't be afraid. Allow people the right to feel fear.

**Give people things to do.** Anxiety is reduced by action and a restored sense of control. There are three types of actions:

- Symbolic behaviors, like going to a candlelight vigil
- Preparatory behaviors, like buying water and batteries
- Contingent "if, then" behaviors, like creating an emergency family communication plan)

Ask more of people, to share the risk. Recommend a three-part action plan:

- You must do X
- You should do Y
- You can do Z

**Crafting the initial message.** Go forward as quickly as possible with what you do know. Explain the process of discovering what you don't know. Use these tips:

- Be short
- Be relevant
- Give positive action steps
- Be repetitive
- Avoid all jargon
- Don't be judgmental
- Don't make promises that can't be kept
- Don't use humor

**Preparing the message.** The main message should follow the 27/9/3 rule: it should be no more than 27 words that can be said in 9 seconds, and it should be used 3 times in each interview/briefing. Three people need to create the message together: the agency head, the subject matter expert, and the public information officer.

**Dealing with rumors.** Rebut a rumor without really repeating it. Limit the rebuttal to the places where the rumor exists.

**Prepare to answer these questions:**

- Are my family and I safe?
- What can I do to protect myself and my family?
- Who is in charge here?
- What can we expect?
- Why did this happen?
- Were you forewarned?
- Why wasn't this prevented?
- What else can go wrong?
- When did you begin working on this?
- What does this information mean?

**As a spokesperson:**

- Know your organization's policies
- Stay within the scope of responsibilities
- Tell the truth.
- Embody your agency's identity.
- Stay on message:
  - "What's important is to remember..."
  - "I can't answer that question, but I can tell you..."
  - Before I forget, I want to tell your viewers..."
  - "Let me put that in perspective..."

## ***Line and staff responsibilities for Office of Public Affairs***

**Command and control** – The director of the Office of Public Affairs, or in his/her absence, the risk communication director, and then the marketing director will assume these responsibilities:

- Direct the work related to the release of information to the media, public, and partners;
- Activate the plan based on careful assessment of the situation and the expected demands for information by media, partners, and the public;
- Coordinate with horizontal communication partners as outlined in the plan to ensure that messages are consistent and within the scope of ISDH's responsibility;
- Provide updates to the State Health Commissioner, the Director of Emergency Preparedness, EOC command and Governor's Office, as determined in the plan;
- Advise the State Health Commissioner, the Governor's Office, and the chain of command regarding information to be released, based on the ISDH role in the response;
- Ensure that risk communication principles are employed in all contact with the media, public, and partner information release efforts;
- Be familiar with incident-specific policy, science, and situation;
- Review and approve materials for release to media, public, and partners;
- Obtain required clearance of materials for release to media on all information not previously cleared;
- Determine the operational hours/days, and reassess these throughout the emergency response; and
- Ensure that resources are available (people, equipment, and supplies).

**Direct media** – The director of the Office of Public Affairs (OPA) and the risk communication director or the marketing director will jointly assume these responsibilities, as directed by the available person in charge of OPA or the State Health Commissioner or his/her designee:

- Assess media needs and organize mechanisms to fulfill those needs during the crisis;
- Triage the response to media requests and inquiries;
- Ensure that media inquiries are addressed as appropriate;
- Support spokespersons, including the field staff public information officers (PIOs);
- Develop and maintain media contact lists and call logs;
- Produce and distribute media advisories and news releases;
- Produce and distribute materials, like fact sheets, audio releases, and video releases;
- Oversee media monitoring system and reports (analyzing news clips and video clips to determine needed messages, to discover which information needs to be corrected, and to identify concerns, interests, and needs arising from the crisis and the response);
- Ensure that risk communication principles to build trust and credibility are incorporated into all public messages delivered through the media; and
- Serve as a liaison from the ISDH and, if appropriate, act as a member of the JIC or field site team for media relations.



**Direct public information** – The risk communication director and the marketing director, or in their absence, the newsletter editor, will jointly assume these responsibilities, as directed by the available person in charge of OPA or the State Health Commissioner or his/her designee:

- Coordinate/supervise the efforts of the field staff PIOs as they work with their assigned districts and local health departments (LHOs), including JICs
- Manage the mechanisms to respond to the public who request information directly from the organization by telephone, in writing, or by e-mail;
- Activate and supervise the emergency telephone bank;
- Manage the e-mail inquiries coming in over the Web site;
- Assist, as requested, in the public correspondence response system; and
- Organize and manage, with the Webmaster, the emergency response Web site and Web pages, including establishing links to other emergency response Web sites.

**Field staff responsibilities** – The field staff PIOs will assume the following responsibilities:

- Assess the immediate communication needs of their assigned districts and LHDs;
- Determine which needs are most pressing;
- Confer with the risk communication director, or in his/her absence, the director of OPA or the marketing director to plan a strategy to assist district/LHD needs in their assigned area or, if necessary, to travel to another part of the state where communication needs are greater;
- If appropriate, act as a member of the JIC of field site team for media relations;
- Assist district/LHDs in following their crisis communication plans and in using risk communication principles to communicate to the media and the public;
- Coordinate efforts with district/LHD partners and stakeholders;
- Report daily or more often, as needed, to the OPA office on needs and outcomes.

**Direct partner/stakeholder information** – If assigned by the State Health Commissioner or his designee, the director of OPA or the risk communication director or the marketing director will assist the director of Emergency Preparedness, the director of the Office of Policy, the director of the Office of Legislative Affairs, the director of the Local Liaison Office, and other executive staff in carrying out these duties:

- Establish communication protocols based on prearranged agreements with identified partners and stakeholders;
- Arrange regular partner briefings and updates;
- Solicit feedback and respond to partner information requests and inquiries;
- Oversee partner/stakeholder monitoring systems and reports (analyzing environment and trends to determine needed messages, to discover which information needs to be corrected, and to identify concerns, interests, and needs arising from the crisis and the response);
- Help organize and facilitate official meetings to provide information and to receive input from partners or stakeholders;
- Develop and maintain lists and call logs of legislators and special interest groups;

- Respond to requests and inquiries from legislators and special interest groups.

**Content and material for public health emergencies** – The risk communication director and the marketing director, or in their absence, the newsletter editor, will jointly assume these responsibilities, as requested by the director of OPA or the director of Emergency Preparedness or the State Health Commissioner or his/her designee:

- Develop and establish mechanisms to rapidly receive information from the EOC regarding the public health emergency;
- Translate EOC situation reports and meeting notes into information appropriate for public and partner needs;
- Work with subject matter experts to create situation-specific fact sheets, Q/A sheets, and updates;
- Compile information on possible public health emergency topics for release when needed;
- In consultation with appropriate staff, test messages and materials for cultural and language requirements of special populations;
- Receive input from other communication team members regarding content and message needs;
- Use analysis from media, public, and partner monitoring systems to adopt messages; and
- Identify additional content requirements and material development.

## ***Internal Information Verification and Approval Procedures***

Three people should officially clear a document before it is released from ISDH:

1. The State Health Commissioner or his/her designee
2. The director of the Office of Public Affairs or, in his/her absence, the risk communication director or the marketing director
3. The subject matter expert (usually the State Epidemiologist)

This clearance should take place simultaneously and in person, whenever possible.

Some releases, especially those that deal with Administration policy, should be cleared by the Governor's Office.

Have as much information as possible on a topic pre-developed and pre-cleared. But make sure that this prepared information is sensitive to a crisis situation. When people are sick and dying, the words you choose will naturally have to be more careful, so choose them that way from the start.

## ***Designated Spokespersons***

### **For ISDH:**

- State Health Commissioner
- Director of OPA
- Risk communication director
- Marketing director

### **For Bioterrorism Planning:**

- State Health Commissioner
- Assistant Commissioner, Information Services and Policy
- Director of Emergency Preparedness

### **For Bioterrorist Agents:**

- State Health Commissioner
- State Epidemiologist
- Veterinary Epidemiologist
- Director of Surveillance Investigation
- Appropriate subject matter experts

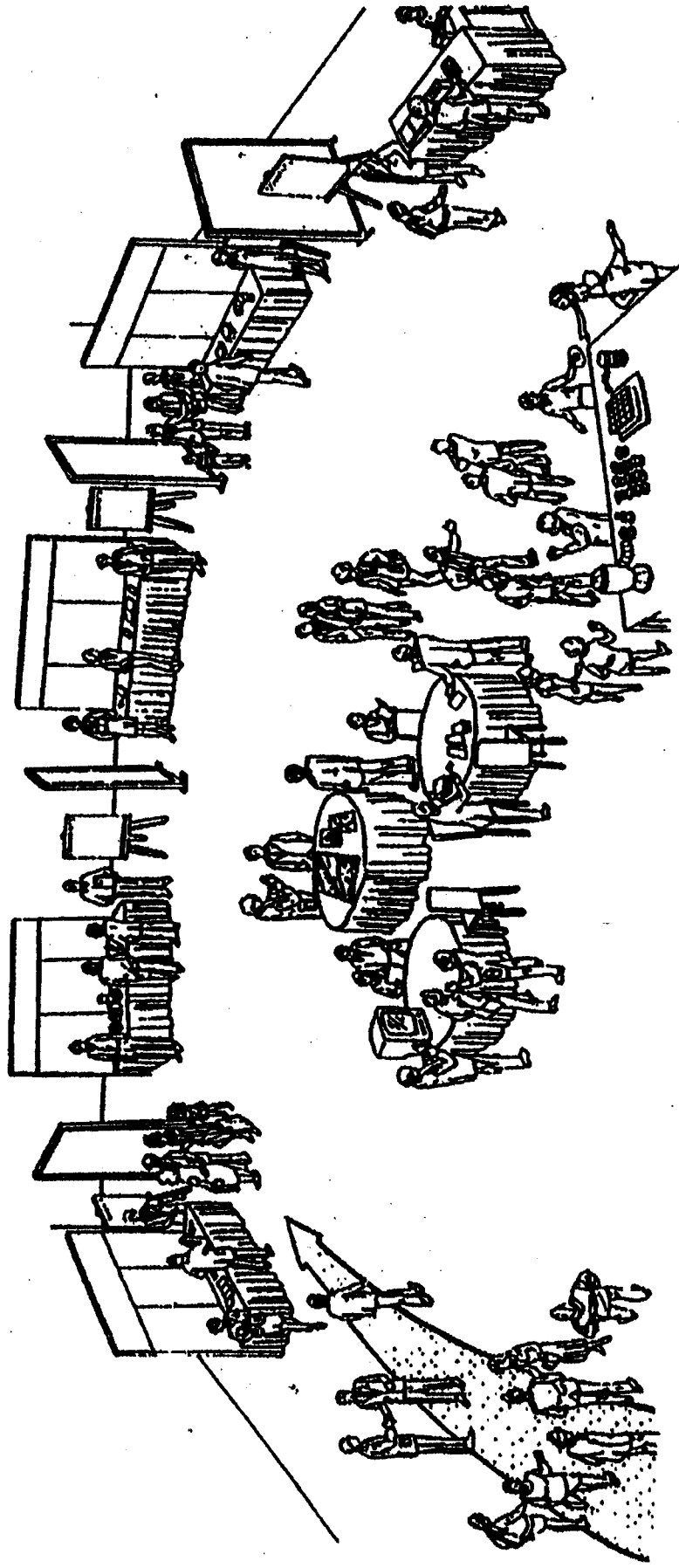
## ***Identified Vehicles of Crisis Information Dissemination***

The OPA will use the following vehicles to provide risk communication and to inform and instruct the media, citizens, and partners/stakeholders about health and medical factors involved in the emergency:

- Telephone, with calls made to media and partners/stakeholders and received on our phone bank from citizens;
- E-mail, using prepared media, LHD, and partner/stakeholder lists and listserves;
- Fax, using pre-programmed broadcast fax lists on a fax computer and a separate (redundant) fax machine;
- Partner newsletters and fax and/or e-mail distribution lists;
- Mail and Airborne Express to send video news releases and other bulky items;
- Face-to-face, including media briefings and community meetings;
- ISDH Web site, partner/stakeholder Web sites, and media Web sites;
- Media, including print, radio, and television;
- Printed materials, including Quick Facts sheets (available on the Web) and other specially prepared leaflets.

A diagram of a community meeting poster session, an example of how to use risk communication to facilitate discussion and deal with people's anxiety during a public meeting, is shown in Figure 1.

## Public Exhibit and Discussion (Poster Exhibits / Public Availability Session)



**Figure 1**

From: *Risk Communication PowerPoint Slides*, Vincent T. Covello, Ph.D., Director,  
Center for Risk Communication/Consortium for Risk and Crisis Communication

## ***Strategic National Stockpile Program***

The health communications plan, materials, and messages should contain the following information about the SNS Program:

**The agent and its threat to the public.** The particulars of the event will affect how many people seek treatment at dispensing sites and treatment centers. This information will determine how much SNS materiel and information about the SNS that you will need to provide those locations. The information should answer these questions:

- Is the agent contagious?
- Who should be concerned about exposure?
- Who should seek preventive treatment at dispensing sites and who should seek symptomatic treatment at treatment centers?

**Directions to and information about dispensing and treatment locations.** This information will affect the use of specific locations and the amount of SNS materiel and the number of deliveries of that materiel that you make to specific locations. The information should answer these questions:

**For State:**

- What is the dispensing process?
- What forms of identification are needed?
- What information is needed to pick up medications for other family members?
- Children: weight, age, health information, drug allergies, current medications
- Adults: health information, drug allergies, current medications.

**For Local:**

- When will the dispensing operation start and what hours will it be open?
- Where is the nearest dispensing site?
- What is the best street access to each dispensing site?
- Where should the public park at each dispensing site if it drives?
- What is the best way to get to the dispensing site (walk, use public transportation, drive)?

**Information about the drugs the public will receive.** The information should include the following:

- **Reasons for using specific drugs or changing drug regimens.** The cultural and ethnic sensitivity with which you provide the latter information is important to ensure that neighborhoods do not think others are getting favorable treatment when they receive different drugs. This information will affect the amount of specific drugs that you have to provide to dispensing and treatment locations. It will also affect the public's acceptance of those drugs.
- **Importance of taking medication.** This information must stress the importance of taking all of a prescribed regimen (e.g., 60 days of doxycycline for anthrax). This information affects the demand for SNS materiel and minimizes the likelihood of more people becoming symptomatic. Adherence is a well-known problem and will be especially challenging during an emergency if the treatment regimen is long, the prescribed drugs cause unpleasant side effects, and disease outbreaks stop before the public finishes its regimen.

- **Danger of overmedicating.** This information focuses on dispelling the notion that if two doses per day are good, four or six must be better. Its goal is to reduce the demand for SNS materiel by discouraging individuals from picking up drugs from multiple dispensing sites. A secondary goal is to minimize the possibility that some individuals will take more of a regimen than is safe.



## ***Local Health Department Communication Plan***

Detailed communication plans must be in place before a public health emergency occurs.

### **External Communication**

There will be communication to other agencies that will respond to the emergency situation accompanying public health threats. A designated person and a back-up should arrange to coordinate all communication to the other agency partners. If advance warning of an emergency occurrence is possible, the lines of communication should be activated and frequent reports and updates should be made. Once an emergency is declared, the communication patterns may be altered depending on which agency assumes the lead role. In large-scale events, an "Incident Command" structure will be the likely organizational structure. If possible, the assigned ISDH field staff PIO will be available to assist the local health department (LHD) in carrying out its communication plan.

It will also be necessary for the LHD to be in constant touch with the ISDH through the field staff PIO, both to report local situations and to receive updated information.

Frequent reports should be coming into the LHD from any enhanced local surveillance network activated during the emergency. At the same time, health alerts should be going out of the LHD to local medical facilities or emergency medical services. ISDH will be generating updated health alerts to LHDs and to selected medical providers, and LHDs are responsible for guaranteeing that all health care personnel in their own jurisdiction are receiving these updates.

### **Internal Communication**

Vertical communication will also be occurring within the LHD (as well as within the other responding agencies) so that their field personnel reports are quickly received and passed up the lines of authority in the agency. Likewise, decisions made by those in charge must be quickly and efficiently passed to those who will carry out the directives.

### **Methods of Communication**

Use of phone, radio equipment, faxes, e-mail and other efficient devices must be tested before there is a need to assure that the equipment and technology are fully functional. Depending on the nature of the emergency, some information may need to be sent or received through secure channels. If the LHD or other government agency maintains a hotline (e.g. a line for public complaints or public information), the number(s) for this line could be released for use during an emergency. Advance planning should include developing "surge capacity" for the phone line including expanded hours and back up staffing. Likewise, if the LHD has a web site, Frequently Asked Questions (FAQs) can be posted there for public information.

## **Public Affairs**

During and after a public health emergency, the need for public information is critical. Heightened public fear and misinformation can thwart efforts to reach affected populations and provide adequate control measures. Armed with factual information, the public can be a powerful ally in combating a public health emergency. Coordination between the local health department (LHD) and the ISDH is extremely important, particularly in multi-county situations. The LHD has more knowledge and trust of the population within its jurisdiction. ISDH has current information on a wide range of public health emergency issues that is readily available to LHDs. A consistent message must be provided to maintain smooth operations and credibility.

The field staff PIOs, along with the other ISDH media relations staff, are available at any time to assist the LHD with media issues. All OPA staff can be contacted 24/7 by paging or calling them using the numbers on the contact sheets in the Crisis Communication Kit.

If the crisis involves multiple counties, the field staff PIOs and/or the OPA will issue news releases and handle print and electronic media inquiries. Field staff PIOs or other OPA staff may be dispatched to a central location in the affected area to assist, and are equipped to issue news releases in the field. If the crisis occurs in one county, the LHD may elect to issue news releases and take media inquiries or may request that the ISDH cover that responsibility. If the LHD elects to handle media issues itself, it should send copies of releases to the OPA (FAX: 317-233-7873) or have the appropriate field staff PIO review them prior to sending them to the media. The LHD should evaluate alternative media avenues that might effectively reach potentially high-risk populations, hearing impaired, vision impaired, and shut-ins. It is important to prepare extra staff to handle the large number of phone calls that will result after the news release is issued.

Establishing good communication with local media can be accomplished in advance. Relationships with local reporters can be developed through routine announcements or “stories” of public interest generated by the LHD. Once an emergency is underway, reporters will know the spokesperson. This individual should be readily available to take advantage of the opportunity to provide high quality information, particularly if misinformation or rumors are fueling public concern. The LHD can inform reporters about when the next updates will be available and can proactively schedule press conferences. Lack of cooperation by officials will not prevent the story from being covered. Reporters may turn to other less reliable sources, especially if they do not receive information from official sources. Statements of what is being done to address the situation help reassure the public. In instances where the LHD is not the lead agency it is sometimes helpful to hold joint press conferences with the lead agency so that public health information is integrated into other announcements.

The ISDH *Protocol for Mass Prophylaxis* contains a sample community alert for use in the event of a public health emergency. The ISDH also has information for each county regarding languages spoken other than English and levels of English proficiency for those individuals whose primary language is not English. The ISDH can provide translation of

typical public health alert announcements in several different languages. Other strategies to acquire translation services include contacting local colleges and universities, as well as cultural centers.

Even after the crisis, local print and electronic media will usually want updates of any further cases of illness and control measures implemented. The ISDH will generally handle these calls. If the LHD elects to take these calls, the LHD should inform the field staff PIO or other OPA staff member of the information released.

### **Addressing Public Concerns**

With respect to the media during an outbreak of disease, it is essential that there is accurate and timely information in a manner that addresses the nature of the outbreak in question and outlines how those exposed are being handled and the steps being taken to minimize the threat to the community. Demand for treatment or prophylaxis may outstrip available resources, especially if the “worried well” self report to facilities where these operations are underway. Useful information about who may be at risk and who is not at risk can help focus resources on those most in need.

Preparation for communication to all potential recipients of LHD information should include generalized fact sheets, health alerts, mass prophylaxis arrangements, and press releases that can be customized to the particulars of the emergency. Be aware of possible disease agents and maintain files with information for quick reference. These files help answer questions from law enforcement, fire departments, medical personnel, the public, and the media. Know where to seek additional information from ISDH, medical experts, or other reliable sources.

Messages provided need to be tailored to the audiences in a way that makes the messages easy to understand and relevant to them. Effective strategies to reach culturally diverse populations include:

- identifying respected leaders or healers within the population
- identifying bilingual programs to craft and translate public health information
- developing lists of locations where culturally diverse groups gather (e.g., churches, restaurants, markets)
- linking with school nurses in schools that serve students who speak languages other than English.

Recent experience with public concerns about potential exposure to spores of *Bacillus anthracis* has highlighted the need for effective communication. Recommendations for helpful messages include statements that:

1. Recognize and empathize with public concerns
2. Acknowledge that reports from the media may be confusing
3. Avoid comparing the present risk to other risks that are not part of the present fears

4. Provide frequent updates of information based on medical and scientific data
5. Give the public suggestions for actions that will help safeguard health
6. Assure the public that the LHD is also working actively to minimize health risks

These same types of messages can be adopted for interactions with individuals who may be phoning or making visits to the LHD staff.

Figure 2 illustrates how a LHD would interact with partners/stakeholders with a Joint Information Center (JIC) during a public health emergency.

**OFFICIAL COMMUNICATION DURING A PUBLIC HEALTH EMERGENCY**



# Appendix

1. Anticipated Questions and Answers Worksheet
2. Choosing the Spokesperson Worksheet
3. Emergency Risk Communication Staffing Planning Worksheet
4. Media List Planning Worksheet
5. Public Information Emergency Response Call Tracking

## Emergency Risk Communication Staffing Planning Worksheet

Use this worksheet to plan your staffing for the Functional Team members needed for your emergency communication response. Do not forget to consider individuals from some such as State/County/local Health Department, partners, volunteers, contractors, and other government agencies.

Site Name \_\_\_\_\_ Date \_\_\_\_\_

Team/Function	Qualifications/Skills Needed	# of Staff Needed	Potential Staff Member (Contact Information)	Training Needed?
Leadership (Command and Control)	<ul style="list-style-type: none"> <li>Decision-making authority</li> <li>Management skills</li> <li>Spokesperson skills</li> </ul>			
Content and Clearance	<ul style="list-style-type: none"> <li>Senior Science Officer</li> <li>Senior Administrative Officer</li> <li>Senior Communications Officer</li> </ul>			
Clinician Communications	<ul style="list-style-type: none"> <li>Knowledge of clinician environment</li> <li>Analytical Skills</li> </ul>			

Team / Function	Qualifications/Skills Needed	# of Staff Needed	Potential Staff Member (Contact Information)	Training Needed?
Communication Monitoring and Research				
Government Communications				
Hotline				



Team / Function	Qualifications/Skills Needed	# of Staff Needed	Potential Staff Member (Contact Information)	Training Needed?
Media				
Web				
Spokespersons	<ul style="list-style-type: none"> <li>• Risk communication principles</li> <li>• Message development</li> <li>• Communication skills</li> </ul>			

## Choosing The Spokesperson(s) Worksheet

Candidate:

Qualification <i>To be effective, a crisis communication spokesperson must (based on Covello, 1995):</i>	Meets
1. Be perceived as highly credible by the news media and the public	
2. Be able to be flexible while staying on message	
3. Possess excellent communication skills	
4. Possess relevant technical knowledge about the specific crisis, its dynamics, and how it is being managed	
5. Be someone of sufficient authority to be accepted as speaking for the company	
6. Be able to express technical knowledge in a way that can be understood by the news - media and the average person	
7. Be able to respond to sensitive questions	
8. Be resourceful and a quick learner	
9. Be able to make decisions regarding on the spot media responses	
10. Be able to work well under pressure	
11. Be able to accept constructive feedback	
12. Be able to recognize limitations of authority to speak and when to defer (can check "ego at door")	
13. Be able to reflect appropriate tone for audience and crisis needs	
Other Deciding Factors to Be Considered in Spokesperson Selection (Covello, 1995)	Notes
14. Subject matter expertise related to event	
15. Established relationships and patterns of communication with affected audiences as the normal course of business	
16. Severity of the crisis	
17. Liabilities, for the person or for the company	
18. Conflicts with other crisis management responsibilities	
19. Anticipated legal issues	
20. Expected level of media interest	
21. Expected level of public interest	
22. Expected level of government involvement	
23. Political – who do people want to see?	

## Media List Planning Worksheet

Site Name \_\_\_\_\_

Date \_\_\_\_\_

*Use this worksheet to identify the media serving the community and plan your communications with them. Be sure to consider the media's coverage in the past of the site during the planning process.*

Media	Contact Information	Past Coverage History of the Site
<b>Newspapers</b>		
<b>Radio Stations</b>		
<b>Television Stations</b>		
<b>Other Media</b>		

Source: [ATSDR Handbook 8-01]

## Anticipated Questions and Answers Worksheet

Use these worksheets to write anticipated questions about a specific event; then develop appropriate answers for the public and sound bites for the media.

**Step 1:** Review the following list of questions commonly asked by the media. The spokesperson should have answers to these questions prepared and change/update as necessary throughout the duration of the crisis:

Questions Commonly Asked by Media in a Crisis (Covello, 1995)	
•	What is your (spokesperson's) name and title?
•	What effect will it have on production and employment?
•	What happened? (Examples: How many people were injured or killed? How much property damage occurred?)
•	What safety measures were taken?
•	When did it happen?
•	Who is to blame?
•	Where did it happen?
•	Do you accept responsibility?
•	What do you do there?
•	Has this ever happened before?
•	Who was involved?
•	What do you have to say to the victims?
•	Why did it happen? What was the cause?
•	Is there danger now?
•	What are you going to do about it?
•	Will there be inconvenience to the public?
•	Was anyone hurt or killed? What are their names?
•	How much will it cost the organization?
•	How much damage was caused?
•	When will we find out more?

**Step 2:** Using the Answer Development Model below, draft answers for the public and sound bites for the news media in the space provided below the model. Then go back and check your draft answers against the model. Don't forget that sound bites for the news media should be 8 seconds or less and framed for television, radio or print media.

Answer Development Model	
In your answer/sound bite, you should...	By...
1. Express <b>empathy</b> and <b>caring</b> in your first statement	<ul style="list-style-type: none"> <li>• Using a personal story</li> <li>• Using the pronoun "I"</li> <li>• Transitioning to the conclusion</li> </ul>
2. State a <b>conclusion</b> (key message)	<ul style="list-style-type: none"> <li>• Limiting the number of words (5-20)</li> <li>• Using positive words</li> <li>• Setting it apart with introductory words, pauses, inflections, etc.</li> </ul>
3. <b>Support</b> the conclusion	<ul style="list-style-type: none"> <li>• At least two facts</li> <li>• An analogy</li> <li>• A personal story</li> <li>• A credible 3rd party</li> </ul>
4. <b>Repeat</b> the conclusion	<ul style="list-style-type: none"> <li>• Using exactly the same words as the first time</li> </ul>
5. Include <b>future action(s)</b> to be taken	<ul style="list-style-type: none"> <li>• Listing specific next steps</li> <li>• Providing more information about               <ul style="list-style-type: none"> <li>- Contacts</li> <li>- Important phone numbers</li> </ul> </li> </ul>

**Question:**

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**Response for Public:**

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**Sound bite for Media:**

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**Question:**

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**Response for Public:**

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**Sound bite for Media:**

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**Information Request Log**

**Date:** \_\_\_\_\_

Time of Call				
Name & Affiliation				
Contact Information				
Information Requested				
Given Response  (Including Time of Response)				

## Public Information Emergency Response Call Tracking

Time of call: \_\_\_\_\_ a.m. p.m.

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### Nature of call:

#### *Specific information contained in stock materials:*

- ☐ Disease or illness-related
- ☐ Treatment-related
- ☐ Prevention-related
- ☐ Clarify recommendations
- ☐ Current status of the incident
- ☐ Hot topic 1 \_\_\_\_\_
- ☐ Hot topic 2 \_\_\_\_\_

#### *Request for referral:*

- ☐ For more health information
- ☐ For medical attention
- ☐ Other \_\_\_\_\_

#### *Feedback to agency:*

- ☐ Complaint about specific contact with agency
- ☐ Complaint about recommended actions
- ☐ Concern about ability to carry out recommended action
- ☐ Report possible cases or markers (e.g., dead birds for West Nile or increased absences from place of employment)
- ☐ Rumor or misinformation verification (briefly describe)

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### Outcome of call:

- ☐ Calmed caller based on scripted information

#### *Referred caller to:*

- ☐ Health expert outside the department
- ☐ Personal doctor or health care professional
- ☐ Emergency room
- ☐ Red Cross or other non-government organization
- ☐ FEMA or state emergency management agency

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### Action needed:

- ☐ None
- ☐ Return call to: Caller's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Gender: M F  
  
Return Call urgency:
  - ☐ Critical (respond immediately)
  - ☐ Urgent (respond within 24 hours)
  - ☐ Routine

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Call taken by: \_\_\_\_\_ Date: \_\_\_\_\_